## **EXHIBIT 15-4-D.NSP**

# Montana NSP Program Income Reporting Form BEFORE PROJECT CLOSEOUT

| Grantee   | Contract #        |                           |   | Date Program Income Report submitted// |  |  |  |  |  |  |  |
|---|-------------------|---------------------------|---|--|--|--|--|--|--|--|--|
| Prepared By   |                   |                           |   |  |  |  |  |  |  |  |  |
| Description of activities which generated Program Income (PI):                            |                   |                           |   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
| Description of activities funded by Program Income (PI):                                  |                   |                           |   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
| PROGRAM INCOME CASH STATUS REPORT   |                   |                           |   |  |  |  |  |  |  |  |  |
| 1. Date(s) Program Income Earned for this transaction                                     |                   |                           |   |  |  |  |  |  |  |  |  |
| (i.e. 3/15/2010, 3/16/2010)   |                   |                           |   |  |  |  |  |  |  |  |  |
| 2. Available Balance of Program Income prior to this transaction                          |                   |                           |   |  |  |  |  |  |  |  |  |
| 3. Total Amount of Program Income Earned during this                                      |                   |                           |   |  |  |  |  |  |  |  |  |
| transaction(s)  4. Amount of PI Reinvested into NSP eligible use (if applicable)          |                   |                           |   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
| 5. Balance of PI (not reinvested) (line   | MINISTRATIVE FUND |                           | EDODT   |  |  |  |  |  |  |  |  |
|   |                   |                           | EPUKI   |  |  |  |  |  |  |  |  |
| 6. Are there Administrative Funds charged against any amount of Program Income? Yes OR No |                   |                           |   |  |  |  |  |  |  |  |  |
| If yes, what is the amount of Administrative Funds reinvested into                        |                   |                           |   |  |  |  |  |  |  |  |  |
| the NSP Project.  |                   |                           |   |  |  |  |  |  |  |  |  |
| 7. Net Total Balance of Program Income (line 5 less line 6)                               |                   |                           |   |  |  |  |  |  |  |  |  |
| 8. Amount Reported by Address   |                   | <u> </u>                  |   |  |  |  |  |  |  |  |  |
| Address   | arned             |                           | Amount PI Reinvested  |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |
| Approval by NSP Progran   |                   | Certification of Preparer |   |  |  |  |  |  |  |  |  |
|   |                   |                           | To the best of my knowledge, the data on this form is correct and all disbursements were made in accordance |  |  |  |  |  |  |  |  |
|   |                   |                           | with grant regulations. I certify that all NSP program  |  |  |  |  |  |  |  |  |
| NSP Authorized Signature  | Date              |                           | income is maintained in a separate NSP fund/account.  |  |  |  |  |  |  |  |  |
| Si  |                   |                           | Signature of Preparer   |  |  |  |  |  |  |  |  |
|   |                   |                           |   |  |  |  |  |  |  |  |  |

Neighborhood Stabilization Program (NSP) Montana Department of Commerce CDBG/NSP ADMINISTRATION MANUAL 2011

| FOR NSP USE ONLY                     | Yes | No | Street Address |
|--------------------------------------|-----|----|----------------|
| PI eligible for reuse                |     |    |                |
| PI over 10% admin                    |     |    | Phone Number   |
| PI over NSP \$25,000 threshold       |     |    | Priorie Number |
| Date Program Income Plan approved    |     |    | Email Address  |
| Date Program Income Report Processed |     |    |                |

# INSTRUCTIONS FOR COMPLETING "PROGRAM INCOME REPORTING FORM <u>BEFORE</u> CLOSEOUT"

### NOTE\*

This program income report must be completed and submitted EACH time program income is earned by a property or project to be reported by MDOC staff to HUD. Program income must be reported, by MDOC staff, as soon as earned to ensure that all draw requests can be processed according to HUD guidelines. If this information is not received in a timely manner, your draw request could be delayed.

| Grantee - same as " | Grantee" a | as shown | on Contract of | or Contract | Amendment. |
|---------------------|------------|----------|----------------|-------------|------------|
|                     |            |          |                |             |            |

Contract # - begins with #MT-NSP-\_\_\_-\_.

Date Program Income Report submitted – please input date submitted to MDOC NSP.

**Prepared by** – name of individual preparing Income Reporting Form.

**Description of activities which generated Program Income (PI)** - list the general activities that generated the program income. For example: rental income or sale of NSP assisted house.

**Description of activities funded by Program Income (PI)** – eligible use and description must be carried out in compliance with the approved project activities as listed in the grantees contract and contract amendment and all other applicable program requirements.

#### PROGRAM INCOME CASH STATUS REPORT

- 1. Date program income was earned (i.e. date of sale of house)
- 2. Available Balance of Program Income prior to this transaction(s) this is the balance of PI from previously reported information.
- 3. Total amount of program income earned during the transaction(s) this is the dollar amount that was generated as program income.
- 4. Amount of program income reinvested into NSP eligible use or project(s) for this transaction (if applicable).
- 5. Balance of Program Income remaining (line 2 plus line 3 less line 4). The new balance of the current program income would be determined by calculating the available balance of program income plus the amount of program income received in this reporting period minus the amount reinvested into another project activity such as down payment assistance. This balance of program income does NOT include any reporting of administrative funds to be reinvested. Reporting of administrative funds occurs in the following cell.

#### **ADMINISTRATIVE FUND STATUS REPORT**

- 6. Is there Administrative Funds charged against any amount of Program Income? Grantees MUST select an appropriate answer to clearly identify if Administrative Funds will be budgeted for a project which uses program income.
  - If yes, what is the amount of Administrative Funds reinvested into the NSP Project. Grantees must identify what amount of Administrative Funds will be reinvested. <u>The amount of Administrative Funds</u> cannot be greater than 10%.
- 7. Net Total Balance of Program Income (line 5 less line 6). This number represents the remaining balance of funds available for further reinvestment as program income at the date the report was submitted.
- 8. Amount reported by address please list each address and amount of program income earned for each property.

Certification of Preparer. Must be signed by individual preparing Program Income Reporting Form

#### SUBMISSION OF SIGNED FORMS:

#### **E MAIL and FAX:**

MDOC will accept signed, scanned copies of the form submitted via email or fax to NSP staff

Fax (406) 841-2878 (ATTN: NSP)

OR

Jennifer Olson Becky Anseth jeolson@mt.gov banseth@mt.gov

MAIL COMPLETED FORM TO: Montana Neighborhood Stabilization Program

Montana Department of Commerce

P.O. Box 200523

Helena, MT 59620-0523 Telephone (406) 841-2800